

FOOD PREMISES INSPECTION FORM

Name of Establishment: School Salisbury Elem. 81016
 Operator: _____
 Licence #: VI-00742
 Address: Salisbury, NB.

Type: ___ Class 1, ___ Class 2, ___ Class 3, Class 4, ___ Class 5
 Category: Routine, ___ Re-inspection, ___ Complaint, ___ New Facility, ___ CD Follow-up inspection
 Number of employees: 1 Seating Capacity: 150 Water Supply: Private ___ Municipal



Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item			
1.0 FOOD					3.3		<input checked="" type="checkbox"/>		Holding Methods	7.0 FOOD EQUIPMENT & UTENSILS					10.3		<input checked="" type="checkbox"/>			Ceilings- construction, maintenance		
1.1		<input checked="" type="checkbox"/>		Approved Source	3.4		<input checked="" type="checkbox"/>		Cooling Methods	7.1		<input checked="" type="checkbox"/>		Food Equipment- design, construction, installation and maintenance	11.0 WATER SUPPLY- WASTE DISPOSAL							
1.2		<input checked="" type="checkbox"/>		Purchasing and Receiving	3.5		<input checked="" type="checkbox"/>		Re-Heating Methods	7.2		<input checked="" type="checkbox"/>		Food Contact Surfaces	11.1		<input checked="" type="checkbox"/>		Water- quality, quantity			
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3		<input checked="" type="checkbox"/>		Mechanical Dishwashing	11.2		<input checked="" type="checkbox"/>		Sewage Disposal			
2.0 FOOD STORAGE					4.0 FOOD DISPLAY / SERVICE					7.4		<input checked="" type="checkbox"/>		Manual Dishwashing	11.3		<input checked="" type="checkbox"/>		Solid Waste Handling			
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Haz. Foods	4.1		<input checked="" type="checkbox"/>		Display Methods	7.5		<input checked="" type="checkbox"/>		Eating Utensils / Dishes	12.0 LIGHTING AND VENTILLATION							
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0 CLEANING AND SANITIZING				12.1		<input checked="" type="checkbox"/>			Lighting			
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage Temperature						8.1		<input checked="" type="checkbox"/>		Cleaning and Sanitizing	12.2		<input checked="" type="checkbox"/>		Ventilation			
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage Methods	5.0 RECORD KEEPING AND RECALLS					8.2		<input checked="" type="checkbox"/>		Detergents and Chemicals use and storage	13.0 GENERAL							
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage Space	5.1		<input checked="" type="checkbox"/>		Record Keeping	9.0 SANITARY FACILITIES				13.1		<input checked="" type="checkbox"/>			Licence			
2.6		<input checked="" type="checkbox"/>		Dry Storage	5.2		<input checked="" type="checkbox"/>		Recall of Food	9.1		<input checked="" type="checkbox"/>		Washroom(s)	13.2		<input checked="" type="checkbox"/>		Rodent and Insect Control			
2.7		<input checked="" type="checkbox"/>		Storage of Food for Staff	6.0 PERSONNEL					9.2		<input checked="" type="checkbox"/>		Hand Washing Station (s)	13.3		<input checked="" type="checkbox"/>		Other Infractions/Hazards			
3.0 FOOD PREPARATION AND HANDLING					6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	10.0 FLOORS, WALLS, CEILINGS												
3.1		<input checked="" type="checkbox"/>		Thawing Methods	6.2		<input checked="" type="checkbox"/>		Employee Health	10.1		<input checked="" type="checkbox"/>		Floors- construction, maintenance								
3.2		<input checked="" type="checkbox"/>		Cooking Methods	6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.2		<input checked="" type="checkbox"/>		Walls- construction, maintenance								

Item No.	MI	MA	CR	REMARKS	Date for Correction
				<i>Recommended for Licensing.</i>	
				<i>Note: Blue Copy of inspection must be posted where public can see.</i>	

N.O-Not Observed, S- Satisfactory, U- Unsatisfactory, MI-Minor Infraction, MA- Major Infraction, CR- Critical Infraction

Green: Light yellow: ___ Dark yellow: ___ Light red: ___ Dark red: ___
 Date of Inspection: Jan 6 / 2010 Re-Inspection Required: yes ___ no
 If Yes, Date: _____